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ABSTRACT

Family planning programs in sub-Saharan Africa (42 countries and 450 million population), the fastest growing and poorest region in the world, need effective communications campaigns to educate people about the benefits of contraception, help change attitudes about fertility control and family size, and provide information about available contraceptive methods and family planning services. Radio, an important medium in areas where a strong oral tradition and low literacy exist, is the most effective way to reach people in sub-Saharan African because of its credibility, portability, immediacy, flexibility, imaginative potential, and relatively inexpensive production costs. For family planning communications, radio's limitations include the difficulty of transmitting a complicated idea over the air, and the communicator's lack of control over the medium. Therefore, family planning communicators should use radio as part of a multi-media campaign, in conjunction with personal communication, and should use culturally acceptable messages presented in an interesting way. Family planning programs in other areas of the world--including Columbia's PROFAMILIA, the Jamaica Family Planning Association, and the Johns Hopkins University/Population Communications Service--have used radio programming with varying success. However, innovative approaches based on strong audience research can be used successfully to promote family planning in sub-Saharan Africa, despite cultural barriers and a generally unreceptive audience. (Twenty-seven references are attached.) (MM)

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USING RADIO TO PROMOTE FAMILY PLANNING IN SUB-SAHARAN AFRICA

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BEST COPY AVAILABLE

Family planning programs in populous sub-Saharan Africa need effective communications campaigns to educate people about the benefits of contraception, help change attitudes about fertility control and family size, and provide information about available contraceptive methods and family planning services. Health officials and administrators of family planning programs are beginning to recognize the importance of communications and to use lessons learned from past family planning promotion efforts to design more effective campaigns. Radio may be the best mass media channel to bring family planning messages to millions of Africans, but the channel must be used effectively and the messages must be culturally acceptable and relevant.

This paper will discuss the population problem in sub-Saharan Africa, the advantages and disadvantages of radio as a channel for communication for social development, and the need for family planning messages compatible with the cultural values and attitudes of the African people. It will review successful and unsuccessful campaigns in order to identify the lessons that family planning communicators can learn and apply in their efforts to develop effective radio campaigns to promote family planning in Africa.

POPULATION PRESSURES IN SUB-SAHARAN AFRICA

The 42 countries of sub-Saharan Africa have a combined population of about 450 million. They also have an average

annual population growth rate of 2.9 percent, the highest regional rate in the world. The United Nations estimates that the population of sub-Saharan Africa will increase to 732 million by the year 2,000, and that by 2015, it will more than triple. The average number of children born to an African is more than six, compared to four in Latin America, 3 in Asia and 2 in developed countries. The region's infant mortality rates are also the highest in the world.[1]

In addition to being the world's fastest growing region, sub-Saharan Africa is also the poorest. Its GNP per capita is $400, and the average annual growth in GNP is one percent.[2] Between 1980 and 1984, food production in the region increased by only one percent annually, while population grew at a rate of 3 percent per year. Food self-sufficiency in Africa has dropped more than 12 percent since the 1960s. As Lesotho's former prime minister, Leabu Jonathan, noted, "Basic economic resources like land, employment opportunities and social services cannot keep up with the demand made on them by an increasing population."[3]

Many African leaders agree. Their views on population and its effects on development have changed gradually but dramatically since the U.N.'s 1974 World Population Conference. At that conference, representatives of most of the sub-Saharan countries argued that economic and social development were the

[1] Jeannie Peterson. "A New Africa Dawning." Populi 13(2), 1986, p. 12.

[2] World Development Report 1987. Washington, D.C.: The World Bank, 1987, p. 203.

[3] Peterson, p. 13.

region's most pressing problems. Ten years later, at a U.N. conference on African population and development, representatives from a majority of the sub-Saharan countries signed a declaration affirming the importance of "population growth rates that are compatible with . . . desired economic growth and social development goals."

Thirteen sub-Saharan African countries had established explicit population policies as of December 1986.[4] Nigeria, the most populous country in the region, announced a population policy in 1987.[5] A number of countries, including Burkino Faso, Tanzania and Zimbabwe, have not adopted official population policies but provide support for family planning programs through their ministries of health.[6]

Although support for family planning is increasing among African leaders, the majority of African women do not seem interested in having smaller families. The World Fertility Survey (WFS) found that only 4 to 17 percent of married, fecund women surveyed in sub-Saharan Africa wanted no more children. Among women surveyed in the Ivory Coast in 1980-81, 90 percent said they wanted more children. Seventy-eight percent of Ghanaian women surveyed in 1979-80, 84 percent of Nigerian women surveyed in 1981-82, and 87 percent of Senegalese women surveyed in 1978 said they wanted more children.

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[4] Nancy J. Heckel. "Population Laws and Policies in Sub-Saharan Africa: 1975-1985." International Family Planning Perspectives 12(4), Dec. 1986, p. 122.

[5] John Rowley. "A Population Policy for Nigeria." People 14(1), 1987, p. 27.

[6] Heckel, pp. 122-23.

The surveys also found that women who had large families and women older than 35 were more likely to say they wanted no more children. Even among older, high parity women, however, the percentage of women wanting more children was relatively high. In Nigeria, for example, 76 percent of women who had nine or more children said they wanted more. Only twenty-five percent of Senegalese women with nine or more children said they wanted more, but 92 percent of the women in Senegal who had 4 children wanted to bear more children. Among women aged 35 to 49, the percentage who did not want more children ranged from 11 in Ivory Coast to 29 in Ghana.[7]

The low demand for family planning services is reflected in the data on contraceptive prevalence from WFS surveys. Only 18 percent of the women surveyed by the WFS in Ghana in 1983 said they had ever used a modern method of contraception. In the Ivory Coast in 1984, only 3 percent had ever used a modern method. Only seven percent of the Ghanaian women, and one percent of Ivoriennes, were using a modern method of contraception at the time of the survey.[8]

Explicit government support will make it easier to promote family planning in sub-Saharan Africa, but it cannot ensure a receptive audience for family planning messages. In order to educate people about the benefits of family planning and encourage them to use contraception, family planning

[7] Odile Frank. "The Demand for Fertility Control in sub-Saharan Africa." Studies in Family Planning 18(4), July/Aug. 1987, p.181-2.

[8] Frank, p. 183-4.

communicators must design their messages skillfully and choose their channels carefully.

WHY RADIO?

Radio is probably the most effective way to reach people in sub-Saharan Africa. In a UNESCO manual on evaluating population communication programs, Gillespie describes radio as the most important medium in developing countries, and advises that about half the cost and effort of a campaign targeted at populations with low literacy should be devoted to radio spots and programs.[9] Radio's strengths as a medium for family planning messages include its credibility, portability, immediacy, flexibility, imaginative potential and relatively inexpensive production costs.[10] Radio can help create a climate in which people feel comfortable talking about contraception, reinforce new knowledge and attitudes, and provide reassurance about acceptance of innovations.[11]

Radio is an important medium in sub-Saharan Africa, where there is a strong oral tradition and low levels of literacy. It can reach millions of people in isolated rural areas. Local programming can be coordinated with the activities of field workers to reinforce personal contacts and provide information

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[9] Robert Gillespie. A Manual on Evaluation of Population Communication Programmes. Paris: UNESCO, 1981.

[10] Frances J. Berrigan. A Manual on Mass Media in Population and Development. Paris: UNESCO, 1977.

[11] Jerry Levin and Robert Gillespie. The Use of Radio in Family Planning. Oklahoma City, Oklahoma: World Neighbors, 1973, p. 3.

about services. Regional broadcasts can be produced in the language used by most people in the area.

Although radio ownership in Africa is relatively low, the number of receivers has been increasing rapidly. In 1976, UNESCO estimated that there were 31 million receivers in the whole African continent. Just eight years later, the BBC estimated that there were 50 million radio receivers in sub-Saharan Africa alone.[12] A survey in Ghana in 1977 showed that 72 percent of the urban households and 46 percent of the rural households had radios. In Nigeria, a 1983 survey found that 85 percent of the urban households and 62 percent of the rural households had a radio or access to radios.[13]

The rapid growth in radio ownership may have peaked in many developing countries. Radio ownership may even be declining in some countries because of the cost of batteries and the shortage of radio repair services.[14] Radio is still the most prevalent medium in sub-Saharan Africa, however, and it is the best mass communications channel for reaching people in isolated African villages.

RADIO'S LIMITATIONS

Family planning communicators also need to understand the medium's limitations. The People Look at Radio, Lazarsfeld's report on a 1945 national sample of the radio industry in the United States, showed that almost half of the listeners never

[12] Population Reports, Series J(32), Sept.-Oct. 1986, p. 865.
[13] Graham Mytton. "Where in the World are Radios?" Development Communication Report 54 Summer 1986, p.2.
[14] Mytton, pp. 2-3.

used the radio for learning. Bogue says that since the survey was conducted at a time when radio was still the major medium of mass electronic communication, its findings are relevant for most developing countries today. He is quick to add, however, that such findings do not imply that it is impossible to use radio for social development but only that radio has limitations for this kind of communication.[15]

One of radio's limitations for family planning communications is that it is difficult to transmit a complicated idea over the air. The human ear assimilates more slowly than the eye, and the listener cannot ask the broadcaster to slow down or to repeat something.[16] Another limitation is the communicator's lack of control of the medium. Government radio stations usually have a mandate to support development, but family planning is only one of many social development programs competing for air time. Commercial radio stations will be reluctant to give family planning programs air space in prime time unless they are as entertaining and professional as the station's own programming.[17]

In order to exploit radio's advantages as a medium and compensate for its limitations, family planning communicators must use radio spots and programs as part of a multi-media campaign. Mass media should also be used in conjunction with personal communication between field workers and the target

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[15] T. Peigh, D. Bogue, M. Maloney, R. Higgins. The Use of Radio in Social Development. Chicago: The Community and Family Study Center, The University of Chicago, 1979, pp. 1-2.

[16] Levin and Gillespie, p.4.

[17] Population Reports, J(32), p. 872.

audience whenever possible. Although communications researchers are beginning to recognize that radio and other mass media play a role in persuading people to adopt innovations, they believe it is probably a supporting role in a complex process involving mass personal communication and mass media.[18]

MESSAGE

Promoting family planning is probably more difficult than promoting agricultural innovations or preventive health measures because of the nature of the message. Rogers points out that family planning and fertility behavior deal with beliefs that are extremely private, personal and taboo. He says that family planning ideas are a highly taboo form of communication, particularly among villagers and the urban poor.[19]

Other aspects of family planning that make it a particularly difficult innovation to promote are the need to sustain the changed behavior for a long period of time, the lack of immediate rewards for adoption, and the collective nature of the decision to use contraceptives. Many women in developing countries cite fear of husband's disapproval as a reason for not using contraception. Persuading people to adopt and continue to use contraceptives is also difficult because negative rumors and false fears arise about the safety of various methods and the morality of family planning.[20]

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[18] Population Reports, J(32), pp. 855,857.

[19] Everett Rogers. Communication Strategies for Family Planning. New York: MacMillan Publishing Company, Inc., 1973, pp. 36-37

[20] Rogers, pp. 38-40.

Family planning communicators have often failed to recognize these inherent problems. Rogers says that in the past, "the programs implicitly assumed that 'good' family planning innovations, presented in a technically competent manner, would sell themselves."[21]

Today, family planning communicators know better. They have learned that they need skillfully designed, specifically targeted messages in order to convince people to change their attitudes about family size and contraception, to educate them about contraceptive methods, and to counteract rumors.

One of the most important lessons family planning communicators have learned is that messages must be pre-tested. In the past, they were often reluctant to "waste" time and money testing their messages, but bitter experience has taught them that even more time and money are lost when untested messages fail.[22]

Family planning messages often failed to change attitudes or motivate audiences because family planning communicators used generic messages. They did not understand that a message that is effective in one culture may be ineffective or even offensive in another. For example, family planning communications often emphasize the material benefits of smaller families. In the People's Republic of China, family planning posters depict a single baby holding a fish, the Chinese symbol for abundance, to

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[21] Rogers, p. 69.

[22] Jane T. Bertrand. Communications Pretesting. Chicago: The Community and Family Study Center, The University of Chicago, 1978, p.11.

suggest an association between the one-child family and prosperity. When posters with a similar theme, depicting a baby balanced on a scale with a bag of money, were displayed at family planning clinics in the Philippines, clients asked the workers to take them down because they put too much material emphasis on children.[23]

In addition to cultural differences, family planning communicators must consider gender differences. The results of audience research conducted for the Ghanaian government by a public relations agency showed that male audiences responded best to slogans emphasizing the financial advantages of family planning, but women were more interested in learning about its health benefits. One slogan was directed toward women: "Le PF: Ayez Des Enfants, Mais Espacez Vos Naissances" (Family Planning: Have Children, But Space Your Births)" Another, designed to appeal to both husband and wife, promised "Le PF Garantie Votre Prosperite Et La Sante De Votre Famille" (Family Planning Guarantees The Prosperity and Health of Your Family."[24]

A short, simple but powerful slogan can capture an audience's imagination if is conveyed with skill and flair. People editor John Rowley reports that the central message of a Jamaican television commercial promoting the two-child family -- "Two is

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[23] Family Health International, Network 8(3), Spring 1987, p. 4.

[24] Opia Mensah-Kumah. "Selling Family Planning in Ghana." Unpublished. 1985.

better than too many," -- has become a part of everyday speech in Kingston.[25]

FAMILY PLANNING MESSAGES FOR AFRICA

Among the intensely pro-natalist cultures of sub-Saharan Africa, messages about limiting family size have little chance of success. Strong suspicions linger that population programs represent a neocolonial attempt to subordinate Africans by limiting their numbers. Although many African leaders recognize the importance of limiting population growth, the majority of African governments that officially support family planning do so to improve maternal and child health rather than to control population growth.[26]

Ferry says that the idea of limiting children goes against the very foundations of African cultures.[27] Several surveys in Ghana show that parents valued children for their ability to lighten the workload or earn money to supplement family incomes, and as a source of social security and parental prestige.[28] In most African societies, a woman's status is derived from her ability to bear children, particularly male children. Parents also perceive a need to have large families because of high rates

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[25] John Rowley. "Awareness is Not Enough." People 13(2) 1986, p.8.

[26] Anne R. Pebley and Sara Millman. "Birthspacing and Child Survival." International Family Planning Perspectives 12(3), Sept., 1986, p. 71.

[27] Benoit Ferry. "Has African Fertility Passed Its Peak?" People 13(3), 1986, p. 9.

[28] Nelson Addo. "Attitudes To Family Planning in Ghana." In: Communicating Family Planning. ed. Daphne Rawson-Jones and Geoffrey Salkeld, London: International Planned Parenthood Federation, 1971, p. 19

of infant and child mortality. Even though child survival has improved, one in five African children will die before reaching the age of five.[29]

The alien nature of family planning concepts is reflected in the translation problems communicators have discovered. In many African languages, the word for family means the extended family or kinship system. In Kiswahili, a language used in East Africa, the linguistic parallel for family, "jamaa," means the various individuals with whom one identifies. "Mpango," the Kiswahili for plan, is used to describe a specific plan, such as an architectural plan for a house. Therefore, "mpango wa jamaa" translates awkwardly as "plan for a building of the individuals with whom you associate." [30]

Such translations can cause confusion, but others can be even more damaging. In the language of the Kisii tribe of Kenya, the words for family planning translate "to prevent reproduction," a negative message with little appeal. Rogers recommends adapting a language's traditional terms for the concept rather than using a direct translation of the English words "family planning." In Kenya, for example, the Kiswahili expression "uzazi wa majira," meaning "seasonal parenthood," could be used to talk about birth spacing.[31]

Unlike the alien idea of limiting family size, birth spacing is a familiar concept in most African cultures. Breast-feeding,

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[29] 1982 World's Children Data Sheet. Washington, D.C.: Population Reference Bureau, 1982.

[30] Rogers, p. 231.

[31] Rogers, pp. 236, 233.

which extends the anovulation period, and prolonged sexual abstinence after the birth of a child, are traditional ways of spacing births. These traditions apparently developed hundreds or thousands of years ago out of concern for the health of the child. For example, the loose translation of the Ghanaian word for severe protein-calorie malnutrition, "kwashiorkor," is "disease of the young child removed too early from the breast because of a subsequent pregnancy."[32] Many illiterate families among the Yoruba in Nigeria still believe that sexual intercourse during the lactation period poisons the child.[33]

Family planning workers in Nigeria's Kwara State report that the message that birth spacing is not new and alien has been particularly effective in a radio and television campaign that helped increase the number of new acceptors by 123 percent.[34] Emphasizing family planning's role as a substitute for the traditional methods of birth spacing may be the best way to introduce the concept to a skeptical African audience.

Unless family planning activities are integrated with efforts to improve health and nutrition, education and economic status, the audience has a right to be skeptical. The credibility of the family planning message depends on the success of these coordinated development efforts. As a Nigerian sociologist

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[32] Allan Rosenfield. "Birthspacing and Health: An Overview." International Family Planning Perspectives 12(3), Sept. 1986, p. 69.

[33] Francis Olu Okediji. "African Society and Attitudes to Family Planning." In: Communicating Family Planning," p. 16.

[34] Jose Rimon. "Singing and Dancing in a Nigerian Market." People 13(2), 1986, p. 22.

noted, "the enthusiasm of developed nations for financing and organizing family planning clinics in so many of the nations of the 'Third World' can easily be misconstrued as a political gimmick to control the population of the latter, unless economic arrangements with these developed nations stand scrutiny as being fair and liberal."[35]

USING RADIO EFFECTIVELY

Even culturally acceptable messages will not be effective if they are not presented in an interesting way. In Radio for Social Development, Bogue laments the fact that "the radio has a long history of disappointing those who want to use it for public education, social progress, or promoting the common good."[36] Studies that monitored radio listeners' habits found that when an educational program begins, the majority of listeners change the station or turn off their radios to save batteries. Poor people in developing countries are sacrificing portions of their meager resources to buy radios and batteries in order to be entertained, not educated.[37]

The solution, Bogue says, is to do both. The strategy is to introduce social development themes into the types of radio programs audiences like to hear, and to do so in and interesting way.

Family planning communicators must learn how to produce programming that rivals those produced by professional

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[35] Olu Okediji, pp. 17-18.
[36] Peigh, Bogue, et. al. p. 1.
[37] Peigh, Bogue, et. al. pp. 1-2.

broadcasters in entertainment value and technical quality. They must work closely with professional producers of radio programs to ensure that family planning messages are integrated into regular programming.[38]

Advertising and marketing professionals can also teach family planning a great deal about reaching and motivating specific audiences. Using audience research techniques borrowed from advertising, family planning communicators can identify target audiences, gather information about the best channels for reaching a target audience, and tailor their message to appeal to that audience.

Pre-testing,another technique borrowed from advertising, helps identify potential problems with the message. A tape of the radio spot or program is played to a sample of people drawn from the target audience, and these people answer questions about their reactions to the message. If members of the sample identify problems or suggest changes, the changes can be made before the message is broadcast.

Family planning communicators are beginning to overcome their reluctance to use pre-testing and other advertising techniques. Bertrand says some may have shied away from pre-testing because they saw it as an instrument of the business world:

> While it is true that pre-testing was inspired by the desire to sell more bars of soap, jars of coffee, and tubes of toothpaste, it can be equally useful in promoting the "social products" of development programs. One's lofty aspirations to improve nutritional status, increase crop yield, avert

[38] Peigh, Bogue, et. al. pp.4-5.

> unwanted children, and so forth, are inconsequential if one if ineffective in communicating to the target population.[39]

Another lesson family planning communicators have learned from the business world is to "ask for the order." Family planning messages should be active, and they should encourage listeners to do something specific. For example: "Go to your local family planning clinic to learn more about improving your family's health through birth spacing."[40]

Family planning communicators have as much to learn from the old, traditional folk media of African cultures as they do from the modern business world. Since both family planning and mass media may be considered innovations in some villages, combining the two may make it difficult to communicate. Combining elements of a culture's folk media with mass media are an effective way of using the old and the new. Folk tales, story telling, drama, proverbs, music and song are all folk media that can be adapted to radio.[41]

"Talking drums" advertise contraceptives on radio and television in Nigeria's Ogun State as part of a social marketing project using traditional market women to sell contraceptives along with more conventional items. The traditional drum language is widely understood in the area. Like many family planning communications programs in Africa, the drum messages

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[39] Jane T. Bertrand. p. 11.
[40] Levin and Gillespie, p. 22.
[41] Communicating Family Planning, p. 51.

have only been aired for a short time, and have not yet been evaluated.[42]

Unfortunately, evaluation is a relatively new trend in most family planning communication programs. Family planning people have been slow to recognize that communication is a continuous process. At every stage of the process, family planning communicators should use feedback and guidance from audience. health-workers and policymakers to make any changes needed to keep programs responsive and effective.[43]

In addition to using evaluation results to improve their own programs, family planning communicators need to share their findings with others. Communications experts at John Hopkins University point out that more money is probably wasted in not sharing the lessons learned from evaluations than in any other aspect of communication.[44] When evaluation results are shared. they usually describe successful programs. It is understandable but unfortunate that family planning communicators seem more reluctant to write about evaluations of unsuccessful campaigns, since they might provide the most useful lessons.

Successes

A wide variety of radio programming has been used to successfully promote family planning in the developing world. Although the definition of success depends on each program's

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[42] Population Reports, J(32), p. 867.

[43] P. Piotrow, P. Coleman, J. Rimon. "New Directions in Family Planning Communication: A Global Perspective. Johns Hopkins University Population Communication Services, 1986. Unpublished. pp. 6-7

[44] Piotrow, et. al., p. 20

goals and objectives, generally success and failure are measured by the number of new contraceptive acceptors or the number of people exposed to a campaign whose attitudes about family planning changed.

PROFAMILIA, Columbia's private family planning association, sponsored intensive broadcasts of 15- and 30-second spot announcements between 1969 and 1974. The spots were designed to increase the knowledge and legitimacy of family planning and to bring new clients to PROFAMILIA clinics. The messages were aimed at women and designed according to the rationale that many women did not want more children but did not know where to find family planning services. Each spot ended with the name and address of a PROFAMILIA clinic.

It is estimated that 6,050 women came to the clinics in response to the radio spots of the 1971 campaign. A 1973 survey showed that 45 percent of 3,594 randomly selected men and women had first heard about family planning on the radio, and that 24 percent could remember some part of the PROFAMILIA radio messages.

PROFAMILIA also used radio spots to promote condom use in 1984 and 1985. Since people tended to associate condoms with prostitutes, five radio spots were developed by a Colombian advertising agency to improve the image of condoms. The theme of the campaign was, "To love with responsibility is also a man's concern." Before-and-after panel surveys found the percentage of those interviewed who thought the condom had a bad image dropped

from 78 to 45. Those who agreed that men had a responsibility for family planning rose 10 percent, from 9 to 19 percent, and those who said they were using condoms rose 5 percent, from 34 to 39 percent.[43]

Radio dramas are a popular way to transmit family planning messages. Naseberry Street, a radio soap opera produced by the Jamaica Family Planning Association, communicates family planning messages in an entertaining way through the lives of characters associated with a fictional family planning clinic. The characters include Scattershot, described as "a strutting male who lives up to his name," Bethune, who finally throws Scattershot out after having three of his children, and Nana, who is fatalistic about having more children than she wants.

The 15-minute program is aired three times a week during prime time. More than 75 percent of 2,000 respondents in a 1985 survey reported listening to Naseberry Street. Both women and men reported that their view of family planning had improved because of the program. Among the urban middle class, 42 percent of young women and 34 percent of young men said their views had changed.[44]

One of the most innovative ways of communicating a message of sexual responsibility to young people was developed by the John Hopkins University/Population Communications Service with help from Fuentes y Fomento Intercontinentales (FFI), a marketing and communication company based in Mexico. These groups chose two

[43] Population Reports, J(32), p. 864.
[44] Population Reports J(32), p. 863.

popular young singers, 17-year-old Tatiana Palacios and 18-year-old Johnny Lozada Correa, to record two songs with a sexual responsibility message. The songs, "Cuando Estemos Juntos" ("When We Are Together") and "Detente" ("Wait"), were selected from a group of more than 35 songs submitted by professional composers. FFI also sent press kits about the project to 350 publications, brochures to 3,500 individual journalists, promotional radio spots to radio stations, and music videos and commercials to television stations.[47]

"Cuando Estemos Juntos" was the most frequently played song on the radio in Mexico in March, April and May of 1986. It also made the Top 10 or Top 20 in several other Latin American and Caribbean countries. A long-playing record by Tatiana including "Cuando Estemos Juntos" and "Detente" sold 300,000 copies in Mexico in 1986.

In addition to playing the song frequently, radio announcers often played the two accompanying spots free of charge. One spot promoted the record, while the other one promoted local counseling centers for young people. A survey of about 500 young people visiting the Centro de Orientacion para Adolescents (CORA) in Mexico showed that about 84 percent of them had heard "Cuando Estemos Juntos." Numbers of visits and letters from young people to several of the guidance centers mentioned in the promotional spots have increased by 200 to 2,000 percent.[48]

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[47] P. Coleman. "The Power of Popular Music." People 13(2) 1986, pp. 11-12.

[48] Population Reports, J(32) p. 870.

Other types of radio programming that have been used successfully to promote family planning include field interviews with satisfied clients, interviews with national leaders and celebrities, and programs that answer mail from listeners on the air.

Failures

Information about campaigns that failed to change attitudes toward family planning or contraceptive use is scarce but instructive. Sometimes, campaigns were simply too ambitious. In Nigeria, for example, the private family planning association launched a national public information campaign. It identified a target audience of five million married adults in urban areas, and its goals were to increase awareness and acceptance of the concept of family planning, to provide information about identification of a new family planning symbol, and to help determine where services were most needed, with a total media budget of U.S. $36,000.

Not surprisingly, post-campaign interviews with approximately 900 men and women who had also been interviewed before the campaign began found that the campaign did not make much difference. Knowledge of association clinics increased significantly in two of the five cities surveyed, but only 6.7 percent of the respondents could identify the family planning symbol. The evaluation results suggests that the campaign was too broad in scope, given its limited budget.[**]

[**] Population Reports, J(16), March 1977, p. 308.

Sometimes one basic mistake can ruin a project. A Bombay family planning project included a study to evaluate the impact of a single radio broadcast. The study used an elaborate methodology, interviewing a control group of women after the campaign to determine the pre-conditioning effect of the pre-campaign interview on the study group, another 240 married women aged 15 to 45 who were regular radio listeners. Only 28 percent of the women interviewed before the survey heard the radio program because it was broadcast on Sunday, a day when women were busy with household duties. The study was a failure, simply because researchers had not analyzed the listening habits of its target audience.[50]

Lack of coordination with field operations is an all too common mistake of family planning communications. A campaign in Bangkok, Thailand, appeared to be well designed, but a United Nations reviewer found that the rural areas had none of the primary health services and contraceptive supplies the campaign was promoting.[51] Campaigns must be carefully coordinated with field workers and must never exaggerate or misrepresent the services available.

Although more specific lessons could be learned from increased dissemination of information about unsuccessful campaigns, it is clear that failure usually occurs because of inadequate research, poor analysis and planning, failure to set

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[50] Population Reports, J(16), p. 300.

[51] John L. Woods. Making Rural Development Projects More Effective: A Systems Approach. Bangkok, Thailand: United Nations Development Programme, 1982.

specific, realistic goals or a lack of pre-testing and evaluation of previous campaigns. In short, failures are usually the result of a combination of these factors and a general attitude that these professional communication techniques are "a waste of time" for family planning programs.

USING RADIO IN AFRICA

Although relatively little information, education and communication (IEC) work has been done in sub-Saharan Africa for family planning programs, and few of the communications efforts were evaluated, we do have evidence that a well-designed campaign can affect attitudes and behavior among Africans. In Kenya's Meru District a test market program of a proposed national condom distribution project using commercial channels showed that radio and point-of-purchase materials helped increase condom sales. Condom use among those interviewed after the survey increased from 4 to 15 percent. The media campaign included a weekly, 15-minute question-and-answer program, "The Kinga Doctor," and spot announcements.[52]

The family planning campaign in Kwara State, one of many that have been started in Nigeria in the past two years, seems to be an initial success. Its success in attracting new acceptors, as reported above, seems to be a result of explicit government support as well as effective communication. The project began slowly, but in the three months after the state's Minister of Health officially launched the first family planning program in

[52] Population Reports J(16), p.p. 301, 311.

June 1985, receiving widespread media coverage, the number of new acceptors increased 123 percent.[53] Only follow-up studies would show whether the program was really successful in persuading people to adopt a contraceptive method and encouraging them to continue to use it for an extended period.

The Zimbabwe Broadcasting Corporation (ZBC), a unit of the Ministry of Information, broadcasts family planning information in a variety of languages on four radio channels. Radio Two broadcasts two weekly 15-minute family planning programs in the Shona and Ndebele languages. The programs, produced by the Zimbabwe National Family Planning Council (ZNFPC) with the help of ZBC, are usually interviews and panel discussions. Letters from listeners are often answered on the air. In addition, four family planning songs produced by the ZNFPC in both the Ndebele and Shona languages, are often played on the shows. Radio Three, the English-language channel for young people, broadcasts a ZNFPC program called "Tomorrow's People," which covers topics such as teenage pregnancies, male responsibility and sexually transmitted diseases.[54]

It is clear that radio is an effective channel for transmitting messages about family planning in Zimbabwe. The Zimbabwe Reproductive Health Survey in 1984 showed that 56 percent of ever-in-union Zimbabwean women had heard radio programs that referred to family planning. Eighty percent of the women surveyed said they were interested in receiving more

[53] Rimon, People, p. 22.
[54] Population Reports J(32), p. 866.

information about family planning.[53] Further evaluation is needed to determine whether specific programs changed women's attitudes toward family planning or persuaded them to adopt a contraceptive method.

The increasing interest in family planning programs among African government officials coincides with a renewed interest in communications among family planning administrators and workers. John Rowley, founding editor of International Planned Parenthood Federation's People magazine, says that "population communication . . . for long the poor relation of the business, has more recently reappeared as a crucial component in programme achievement."[54] Although communication was an important part of the first national family planning programs, after an initial burst of publicity, most programs concentrated their efforts on expanding services and training staff. Now family planning groups are beginning to pay more attention to the role of information, education and communication.

One reason for this renewed interest is a renewed confidence in the power of mass media to diffuse innovations. Ten years ago, the accepted wisdom was that interpersonal communication was the only way to persuade people to accept family planning. Research has shown, however, that mass media and interpersonal communication work together in this complex process. Research

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[53] Zimbabwe Reproductive Health Survey, Zimbabwe National Family Planning Council and Westinghouse Public Applied Systems, Zimbabwe: 1985, p. 108.

[54] John Rowley, "The Purpose of People." Populi 13(3) 1986, p. 11.

also suggests that mass media's role may be expanding with the advent of new technologies and increased access to all kinds of media. JHU/PCS experts say that "there has in fact been a real revolution in the availability of mass media to entertain and teach large segments of the population."[37]

Piotrow, Coleman and Rimon cite several other reasons for the renewed attention to communication in family planning programs and the resulting emphasis on professional research, planning and evaluation. First, the number of acceptors who discontinued using a contraceptive method in many programs that began in the 1960s and 1970s suggested that better communication was needed to encourage continued use and recruit new users. The early programs' problem of lack of information has been replaced by a more serious problem, a proliferation of misinformation and rumors about family planning and side-effects associated with contraceptives. Field workers realize that they need skilled communicators to help them fight disinformation campaigns against family planning programs and provide accurate information. Finally, community-based distribution, social marketing and other innovative contraceptive distribution systems call for equally innovative approaches to communication.[38]

Innovative approaches based on strong audience research can be used successfully to promote family planning in Sub-Saharan Africa, despite cultural barriers and a generally unreceptive audience. Multi-media campaigns to increase awareness about

[37] Piotrow, et. al. pp. 1, 9.
[38] Piotrow, et. al., p. 1.

family planning and acceptance of contraceptive use should emphasize creative, entertaining radio programming, to communicate their messages to the African people.

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